

USTB Reviewer Signature _____	AI # _____
Claim Reviewer Signature _____	
REIMBURSEMENT WORKSHEET	
INITIAL and INTERMEDIATE SITE INVESTIGATION and SITE CHECK for FACILITIES	
(1) Mobilization and Demobilization of Drilling Equipment and Oversight Personnel to the Regulated Facility	
_____ miles x \$3.50 = \$0.00 Equipment (round trip) minimum \$350.00	
_____ miles x \$1.75 = \$0.00 Personnel oversight (round trip)	
5 miles x 0 = \$0.00 additional mileage (enter the number of days of overnight stay)	\$0.00
The one way mileage from the contractors office to the facility is _____ miles.	
(2) Per Diem	
_____ days x \$110.00 = \$0.00	\$0.00
(3) Field Equipment	
_____ day x \$150.00 = \$0.00 Equipment	
_____ day x \$50.00 = \$0.00 tools of the trade	\$0.00
(4) Facility Survey	
_____ survey x \$1,350.00 = \$0.00 Initial Site Survey for a facility	
_____ survey x \$675.00 = \$0.00 Additional surveys	\$0.00
(5) Installation of PVC Monitoring Wells	
additional _____ wells x \$1,585.00 = \$0.00	
_____ feet x \$55.00 = \$0.00	\$0.00
(6) Installation of PVC Monitoring Well in Bedrock	
additional _____ wells x \$1,855.00 = \$0.00	
_____ feet x \$75.00 = \$0.00	\$0.00
(7) Installation of Recovery Wells	
additional _____ wells x \$1,855.00 = \$0.00	
_____ feet x \$75.00 = \$0.00	\$0.00
(8) Soil Borings	
_____ borings x \$300.00 = \$0.00 minimum \$700.00	\$0.00
(9) Installation and Construction of Piezometer or Temporary Monitoring Well	
_____ well(s) x \$750.00 = \$0.00	\$0.00
(10) Surveying, per Well	
0 well x \$100.00 = \$0.00	\$0.00
(11) Water Sampling	
_____ point x \$90.00 = \$0.00	\$0.00
(12) Well Decommissioning	
additional _____ wells x \$750.00 = \$0.00	
_____ feet x \$25.00 = \$0.00	\$0.00

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(13) Cistern Decommissioning	
_____ x \$1,500.00 =	\$0.00
(14) Laboratory Analysis	
BTEX (MTBE included) _____ x	\$75.00 = \$0.00
MTBE (drinking water only) _____ x	\$75.00 = \$0.00
PAH _____ x	\$207.00 = \$0.00
Lead _____ x	\$45.00 = \$0.00
Sludge and Cleaning Liquid Samples	
Metals _____ x	\$280.00 = \$0.00
Volatiles _____ x	\$335.00 = \$0.00
Acid/base/neutrals _____ x	\$430.00 = \$0.00
Pesticides and Herbicides _____ x	\$330.00 = \$0.00
Ignitability _____ x	\$50.00 = \$0.00
Paint Filter Test _____ x	\$43.00 = \$0.00
Ph _____ x	\$35.00 = \$0.00
(15) Reporting for a Facility	
Initial Site Investigation _____ x	\$2,437.00 = \$0.00
Intermediate Site Investigation _____ x	\$1,465.00 = \$0.00
Site Check _____ x	\$902.50 = \$0.00
New or Amended Class Guide _____ x	\$220.00 = \$0.00
Other Reporting _____ x	\$500.00 = \$0.00
TOTAL	
ENTRY LEVEL	
\$0.00	

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REIMBURSEMENT WORKSHEET	
INITIAL and INTERMEDIATE SITE INVESTIGATION and SITE CHECK for FACILITIES	
CERTIFICATION	
(1) _____	
Name of Owner/Operator	
(2) _____	
Mailing Address	
(3) _____	
City	State Zip
(5) _____	
Name of Contact Person	Telephone Number
<p>I certify under penalty of law that this documents and all attachments were prepared under my direction or supervision, that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information I certify that the submitted information is true, accurate and complete. I certify that all costs are necessary and were actually incurred in the performance of corrective action. I further certify that, if not the owner or operator, I am authorized by the owner or operator as an agent to make this certification, or I am the person certified under 401 KAR 42:314 and 42:316 and my (our) certification is in good standing.</p>	
(6) _____	(8) _____
Applicant Signature Date	Certified Contractor Signature CC #
(7) _____	(9) _____
Title of Applicant/Authorized Representative	Certified Company Rep. Signature Certified Co. #
FOR STAFF USE ONLY	
Amount of Entry Level _____	Claim Request #: _____
Amount Met: Yes/No _____	
Total Amount Obligated: _____	
Total Amount Paid: _____	
Recommended to be Reimbursed: _____	
Staff: _____	
Branch Manager: _____	